

## **APPLICATION DATA SHEET**

### **Application Information**

<b>Application Number::</b>	Unassigned
<b>Filing Date::</b>	October 29, 2003
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested Classification::</b>	n/a
<b>Suggested Group Art Unit::</b>	n/a
<b>CD-ROM or CD-R?::</b>	no
<b>Number of CD Disks::</b>	n/a
<b>Number of Copies of CDs::</b>	n/a
<b>Sequence Submission?::</b>	no
<b>Computer Readable Form (CFR)?::</b>	no
<b>Number of Copies of CFR::</b>	n/a
<b>Title::</b>	METHOD OF AND APPARATUS FOR MAKING AND MANIPULATING COUPONS IN CIGARETTE PACKING MACHINES
<b>Attorney Docket Number::</b>	41653-197865
<b>Request for Early Publication?::</b>	no
<b>Request for Non-Publication?::</b>	no
<b>Suggested Drawing Figure::</b>	n/a
<b>Total Drawing Sheets::</b>	3
<b>Small Entity?::</b>	no
<b>Latin Name::</b>	n/a
<b>Variety Denomination Name::</b>	n/a
<b>Petition Included?::</b>	no
<b>Petition Type::</b>	n/a
<b>Licensed US Govt. Agency::</b>	n/a
<b>Contract or Grant Numbers::</b>	n/a
<b>Secrecy Order in Parent Appl.::</b>	n/a

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** German  
**Country::** GERMANY  
**Status::** Full Capacity  
**Given Name::** Reinhard

**Middle Name::**  
**Family Name::** DEUTSCH

**Name Suffix::**  
**City of Residence::** Geesthacht

**State or Province of Residence::**  
**Country of Residence::** GERMANY  
**Street of Mailing Address::** Tilsiter Strasse 10  
**City of Mailing Address::** Geesthacht

**State or Province of Mailing Address::**  
**Country of Mailing Address::** GERMANY  
**Postal or Zip Code of Mailing Address::** D-21502

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** German  
**Country::** GERMANY  
**Status::** Full Capacity  
**Given Name::** Josef

**Middle Name::**  
**Family Name::** GLOESMANN

**Name Suffix::**  
**City of Residence::** Hamburg

**State or Province of Residence::**  
**Country of Residence::** GERMANY  
**Street of Mailing Address::** Hackmackbogen 78

**City of Mailing Address::** Hamburg  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** GERMANY  
**Postal or Zip Code of Mailing Address::** D-21035

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** German  
**Country::** GERMANY  
**Status::** Full Capacity  
**Given Name::** Karsten  
**Middle Name::**  
**Family Name::** MEINKE  
**Name Suffix::**

**City of Residence::** Moelln  
**State or Province of Residence::**  
**Country of Residence::** GERMANY  
**Street of Mailing Address::** Rudolf Virchow Strasse 47  
**City of Mailing Address::** Moelln  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** GERMANY  
**Postal or Zip Code of Mailing Address::** D-23879

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** German  
**Country::** GERMANY  
**Status::** Full Capacity  
**Given Name::** Ronald  
**Middle Name::**  
**Family Name::** PUTZKE

**Nam Suffix::**  
**City of Residence::** Schwarzenbek  
**State or Province of Residence::**  
**Country of Residence::** GERMANY  
**Street of Mailing Address::** Lehmkoppel 5  
**City of Mailing Address::** Schwarzenbek  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** GERMANY  
**Postal or Zip Code of Mailing Address::** D-21493

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** German  
**Country::** GERMANY  
**Status::** Full Capacity  
**Given Name::** Peter  
**Middle Name::**  
**Family Name::** ALBRECHT  
**Name Suffix::**  
**City of Residence::** Hamburg  
**State or Province of Residence::**  
**Country of Residence::** GERMANY  
**Street of Mailing Address::** Soltaustrasse 9  
**City of Mailing Address::** Hamburg  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** GERMANY  
**Postal or Zip Code of Mailing Address::** D-21029

## Correspondence Information

Correspondence Customer Number:: 26694  
Phone Number:: (202) 344-8257  
Fax Number:: (202) 344-8300  
E-Mail Address:: ccanderson@venable.com,

## Representative Information

Representative Customer Number:: 26694

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Continuation of	09/986,962	November 13, 2001
	Continuation of		
	Continuation of		
	Continuation of		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	100 56 407.0	November 14, 2000	yes

## Assignee Information

**Assignee Name::** Topack Verpackungstechnik GmbH  
**Street of Mailing Address::** Grabauer Strasse 49  
**City of Mailing Address::** Schwarzenbek  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** GERMANY  
**Postal or Zip Code of Mailing Address::** D-21493